BETHEL CENTER

8014	BETHEL	ROAI

ARPIN 54410 Phone: (715) 652-2103		Ownership:	Nonprofit Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	111	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	111	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	107	Average Daily Census:	107

Services Provided to Non-Residents		Age, Gender, and Primary Di					%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	용	Age Groups	%	Less Than 1 Year	13.1 41.1
Supp. Home Care-Household Services	No No	Developmental Disabilities	0.9	Under 65   65 - 74	1.9 9.3	More Than 4 Years	34.6
Day Services Respite Care	No	Mental Illness (Other)	5.6	75 - 84	28.0	I	88.8
Adult Day Care Adult Day Health Care	No No			85 - 94   95 & Over		************************************   Full-Time Equivalent	*****
Congregate Meals Home Delivered Meals	No No	Cancer   Fractures	0.0	 	100.0	Nursing Staff per 100 Resi   (12/31/03)	dents
Other Meals	No			65 & Over			
Transportation Referral Service	No No			   Gender	%	RNs   LPNs	10.7 4.7
Other Services Provide Day Programming for	No	Respiratory   Other Medical Conditions		   Male		Nursing Assistants,   Aides, & Orderlies	46.5
Mentally Ill	No			Female	59.8		
Provide Day Programming for Developmentally Disabled	No	•	100.0	 	100.0	 	

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	<b>:</b>		amily Care		]	Managed Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	엉	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	361	64	95.5	115	0	0.0	0	23	100.0	155	0	0.0	0	2	100.0	140	104	97.2
Intermediate				3	4.5	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	j O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1.5	100.0		67	100.0		0	0.0		2.3	100.0		0	0.0		2.	100.0		107	100.0

BETHEL CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of	12/31/03
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	1.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.0	Bathing	0.0		89.7	10.3	107
Other Nursing Homes	4.1	Dressing	10.3		81.3	8.4	107
Acute Care Hospitals	92.8	Transferring	29.9		57.0	13.1	107
Psych. HospMR/DD Facilities	0.0	Toilet Use	22.4		49.5	28.0	107
Rehabilitation Hospitals	0.0	Eating	67.3		14.0	18.7	107
Other Locations	1.0	*****	* * * * * * * * * * * * * * *	*****	*****	*****	*****
Total Number of Admissions	97	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.4	Receiving Resp	iratory Care	5.6
Private Home/No Home Health	30.3	Occ/Freq. Incontine	nt of Bladder	43.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.2	Occ/Freq. Incontine	nt of Bowel	29.0	Receiving Suct	ioning	0.0
Other Nursing Homes	2.0	_			Receiving Osto	my Care	1.9
Acute Care Hospitals	15.2	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	2.0	Physically Restraine	ed	3.7	Receiving Mech	anically Altered Di	ets 49.5
Rehabilitation Hospitals	0.0	1					
Other Locations	7.1	Skin Care			Other Resident C	haracteristics	
Deaths	26.3	With Pressure Sores		1.9	Have Advance D	irectives	70.1
Total Number of Discharges		With Rashes		6.5	Medications		
(Including Deaths)	99				Receiving Psyc	hoactive Drugs	62.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Non	orofit	100	-199	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	•		% Ratio		% Ratio		양	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	94.0	1.03	87.2	1.11	88.1	1.09	87.4	1.10		
Current Residents from In-County	92.5	77.2	1.20	78.9	1.17	69.7	1.33	76.7	1.21		
Admissions from In-County, Still Residing	24.7	23.9	1.03	23.1	1.07	21.4	1.15	19.6	1.26		
<u> </u>	90.7		0.89	115.9	0.78		0.83	141.3	0.64		
Admissions/Average Daily Census		101.9				109.6					
Discharges/Average Daily Census	92.5	102.4	0.90	117.7	0.79	111.3	0.83	142.5	0.65		
Discharges To Private Residence/Average Daily Census	43.9	39.2	1.12	46.3	0.95	42.9	1.02	61.6	0.71		
Residents Receiving Skilled Care	97.2	96.3	1.01	96.5	1.01	92.4	1.05	88.1	1.10		
Residents Aged 65 and Older	98.1	97.2	1.01	93.3	1.05	93.1	1.05	87.8	1.12		
Title 19 (Medicaid) Funded Residents	62.6	64.2	0.98	68.3	0.92	68.8	0.91	65.9	0.95		
Private Pay Funded Residents	21.5	25.9	0.83	19.3	1.11	20.5	1.05	21.0	1.03		
Developmentally Disabled Residents	0.9	0.5	2.05	0.5	1.99	0.5	1.86	6.5	0.14		
Mentally Ill Residents	65.4	38.5	1.70	39.6	1.65	38.2	1.71	33.6	1.95		
General Medical Service Residents	6.5	20.1	0.33	21.6	0.30	21.9	0.30	20.6	0.32		
Impaired ADL (Mean)	45.2	51.0	0.89	50.4	0.90	48.0	0.94	49.4	0.92		
Psychological Problems	62.6	53.0	1.18	55.3	1.13	54.9	1.14	57.4	1.09		
Nursing Care Required (Mean)	8.2	7.7	1.06	7.4	1.10	7.3	1.12	7.3	1.12		